



Participant Name:

Group Name:

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PLEDGE FORM

I'M SLEEPING OVERNIGHT IN A BOX TO FIGHT HOMELESSNESS IN OUR COMMUNITY.

WILL YOU SPONSOR ME?

Phone #:

keep goal eat d	s families together while trans of \$ will reser	forming their lives from homele ve my space at Cardboard City and help transform the lives of	romise of Shenandoah County, the ssness to sustainable independence on Sept. 6-7, 2019 where I'll sleep local homeless families enrolled wi	e. My fundraising overnight in a box,
		Please sponsor me for	any amount.	
Please make checks payable to FPSC. You will be mailed a receipt for your tax-deductible contribution.				
#	Sponsor's Name	Email Address	Mailing Address	Amount
1				
2				
3				
4				
5				
6				
7				
8				

Instructions to Participant: Please mail this pledge form, contribution checks and registration form to Family Promise of Shenandoah County, PO Box 733, Woodstock, VA 22664. Or just bring it to the event.